

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 1 — 0 2 0</u>	2. STATE: Arkansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Breast and Cervical Cancer Prevention and Treatment Act (PL 106-354)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>790,215.60</u> b. FFY <u>2003</u> \$ <u>1,258,007.75</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 23 e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None, New Page	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to add a new optional categorically needy Medicaid eligibility group called "Breast and Cervical Cancer".			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Ray Hanley by TTH</i>		16. RETURN TO: Division of Medical Services P. O. Box 1437 Little Rock, AR 72203-1437 Attention: Binnie Alberius Slot 1103	
13. TYPED NAME: Ray Hanley			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: September 11, 2001			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <u>09-21-01</u>		18. DATE APPROVED: <u>10/18/2001</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/01/2001		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Clayton G. Cline</i>	
21. TYPED NAME: Clayton G. Cline		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

STATE: ARKANSAS

Citation	Group Covered
----------	---------------

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(10)(ii) X [26]. Women who:
(XVIII) of the Act

- have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- have not attained age 65.

1920B of the Act [27]. Women who are determined by a 'qualified entity' (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-21-01</u>	
DATE APPV'D <u>10-18-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-20</u>	

TN No. 01-20 Approval Date: 10-18-01 Effective Date: 12-01-01

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE